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## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

ASFILED   TISTAMENDMENT   2nd AMENDMENT	
IND.   DEP.   DEP.   IND.   DEP.   DEP.	
2       1         3       1         4       1         5       1         6       1         7       1         8       1         9       1         10       1         11       1         12       1         13       1         14       1         15       1         16       6         17       1         18       1         19       1         20       1         21       1         22       1	DEP.
3       1         4       1         5       1         6       1         7       1         8       1         9       1         10       1         11       1         12       1         13       1         14       1         15       1         16       1         17       1         18       1         19       1         20       1         21       1         22       1	
4       1       5       1       5       6	
5     1       6     1       7     1       8     1       9     1       10     1       11     1       12     1       13     1       14     1       15     1       16     1       17     1       18     1       19     1       20     1       21     1       22     7	
6       1         7       1         8       1         9       10         10       1         11       1         12       1         13       1         14       1         15       1         16       1         17       1         18       1         19       1         20       1         21       1         22       1	
7       1         8       1         9       10         11       1         12       1         13       1         14       1         15       1         16       1         17       1         18       1         19       1         20       1         21       1         22       72	
8     \       9     \       10     1       11     \       12     \       13     \       14     \       15     \       16     \       17     \       18     \       19     \       20     \       21     \       22     \	
9     )       10     1       11     )       12     )       13             14     )       15             16             17             18             19             20             21             22	
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11     1       12     1       13     1       14     1       15     1       16     1       17     1       18     1       19     1       20     1       21     1       22     72	
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13             14             15             16             17             18             19             20             21             22	
14     1       15     1       16     1       17     1       18     1       19     1       20     1       21     1       22     72	
15	
16     17       17     1       18     1       19     1       20     1       21     1       22     72	
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TOTAL 3 B TOTAL IND.	•
	<b>—</b> 1
DEP.   201     DEP.	
TOTAL CLAIMS TOTAL CLAIMS	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS